FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
-	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person * MOOS WALTER H			2. Issuer Name and Ticker or Trading Symbol RIGEL PHARMACEUTICALS INC [RIGL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director					
C/O RIG	(Last) (First) (Middle) C/O RIGEL PHARMACEUTICALS, INC., 1180 /ETERANS BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2018						Officer (giv	e title below)	Oth	er (specify below)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
SOUTH (Cit		NCISCO, CA 94 (State)	1025-3493 (Zip)											
		(2)		1				vative Securition		•				
1.Title of S (Instr. 3)	1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		emed on Date, if		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D) Ow Trai	. Amount of Securities Beneficially Dwned Following Reported Transaction(s)		Ownership Form:	Beneficial	
				(Month	/Day/Year)	Coo	de V A	(A) or	(Ins	(Instr. 3 and 4)			Direct (D) (or Indirect (I) (Instr. 4)	Ownership Instr. 4)
Reminder:							in this	s who respon	equired to	respond	unless the		ed SEC 1	474 (9-02)
							in this display	form are not r s a currently osed of, or Bend	equired to valid OMB eficially Ow	respond control r	unless the		ed SEC 1	474 (9-02)
1. Title of			3A. Deemed Execution Date, if	4. Transac Code	5. Nur of Der Securi	mber ivative ties red (A) posed	in this display	form are not rest a currently osed of, or Benonvertible securercisable and Date	equired to valid OMB eficially Ow	o respond 3 control r wned d Amount ying	unless the number.		f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	ts, calls, wa tion 5. Nur of Der Securi Acqui or Dis of (D) (Instr.	mber ivative ties red (A) posed	in this display uired, Display options, co 6. Date Exc Expiration (Month/Da	form are not rest a currently osed of, or Beneritible securercisable and Date y/Year)	equired to valid OMB eficially Ownities) 7. Title and of Underly Securities	o respond 3 control r wned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indired Beneficial Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MOOS WALTER H C/O RIGEL PHARMACEUTICALS, INC. 1180 VETERANS BLVD. SOUTH SAN FRANCISCO, CA 94025-3493	X					

Signatures

/s/ Dolly Vance (Attorney-in-Fact)	05/18/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The shares shall vest monthly over one (1) year from the date of grant subject to the reporting person's continuous service on the Company's Board of Directors.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.